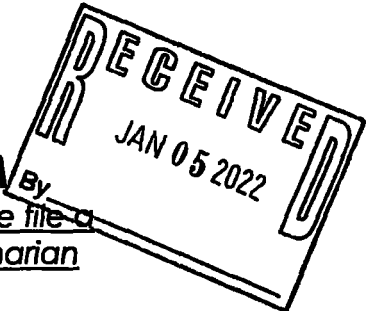


ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD  
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007  
PHONE (602) 364-1PET (1738) FAX (602) 364-1039  
VETBOARD.AZ.GOV

**COMPLAINT INVESTIGATION FORM**

*If there is an issue with more than one veterinarian please file a  
separate Complaint Investigation Form for each veterinarian*



PLEASE PRINT OR TYPE

**FOR OFFICE USE ONLY**

Date Received: Jan. 5, 2022 Case Number: 22-71

**A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:**

Name of Veterinarian/CVT: Dr. Dennis White  
Premise Name: University Pet Clinic  
Premise Address: 1506 North Tucson Blvd.  
City: Tucson State: Arizona Zip Code: 85716  
Telephone: 520/795-7016

**B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT\*:**

Name: Norma Jean Gargas  
Address: [REDACTED]  
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]  
Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

\*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

**C. PATIENT INFORMATION (1):**

Name: Jazz  
Breed/Species: Australian Cattle Dog / Blue Heeler  
Age: 14.5 years Sex: F Color: Blue

**PATIENT INFORMATION (2):**

Name: —  
Breed/Species: —  
Age: — Sex: — Color: —

**D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:**

*Please provide the name, address and phone number for each veterinarian.*

Dr. Annie Adams, University Pet Clinic, 1506 N. Tucson Blvd., Tucson, Arizona  
85716; 520/795-7016

Dr. Dennis White, University Pet Clinic, 1506 N. Tucson Blvd., Tucson, Arizona  
85716; 520/795-7016

Dr. Paige Vernasco, Veterinary Specialty Center of Tucson, 4909 N. La Canada  
Dr., Tucson, Arizona, 85704; 520/795-9955

**E. WITNESS INFORMATION:**

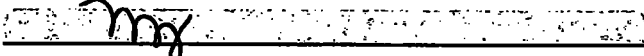
*Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.*

Staff of University Pet Clinic, 1506 N. Tucson Blvd., Tucson, Arizona 85716;  
520/795-7016

Staff of Veterinary Specialty Center of Tucson, 4909 N. La Canada Dr., Tucson;  
Arizona, 85704; 520/795-9955

**Attestation of Person Requesting Investigation**

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: 

Date: 01/01/2022

**F. ALLEGATIONS and/or CONCERNS:**

*Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.*

**SEE ATTACHED ALLEGATIONS AND/OR CONCERNS**

**Gross Incompetence, Gross Negligence, Malpractice, Medical Incompetence, Negligence**

## **F. ALLEGATIONS AND/OR CONCERNS:**

**Dr. Dennis White**

1. Performed a pre-anesthesia blood panel for 14-year-old, senior dog on 10/28/21, that did not test for electrolytes, resulting in serious harm and suffering to my dog. Independent veterinary sources cite a comprehensive blood test that includes electrolytes as standard pre-anesthesia care for a senior dog. The dog was euthanized on 11/08/21.

**Exhibits:**

1 - Narrative: 10/28/21  
5A-G - Pre-anesthesia blood test  
7A-O - VCA and AKC articles

2. Recorded inaccurately or conducted the incorrect pre-anesthesia blood test for a 14-year-old senior dog that was indicated in records as a test for a cat, (feline), on 10/28/21.

**Exhibits:**

1 - Narrative: 10/28/21  
5E - Pre-anesthesia blood test  
5E, 5J - Records for 10/28/21  
10A - Invoice for 10/28/21

3. Failed to inform in the owner prior to her dog's oral surgery of the risks of anesthesia specific to a 14.5-year-old, senior dog so that the owner could make an informed decision regarding the surgical procedure. Independent veterinary sources provide written information regarding senior dogs and the risks of anesthesia and the importance of complete, comprehensive pre-anesthesia testing, blood and other lab work, as standard care to assess the dog's health prior to surgery and its ability to tolerate the anesthesia.

**Exhibits:**

1 - Narrative: 10/28/21  
6D - Pre-surgical records  
7A-O - VCA and AKC articles

4. Conducted a limited, substandard emergency visit on 11/05/21 for a 14-year-old, senior dog who was presenting serious conditions following oral surgery on 11/03/21, resulting in injury, harm, distress and suffering to the dog. As standard emergency care, a comprehensive exam and blood and lab tests were performed at Veterinary Specialists of Tucson on 11/07/21. The dog was euthanized on 11/08/21.

**Exhibits:**

1 - Narrative: 11/05/21  
5K - UPC records for 11/05/21

9A-L - VSCOT records for 11/07/21 and 11/08/21

5. Prescribed an incorrect medication to a 14-year-old senior dog during an emergency post op visit on 11/05/21, where the dog was experiencing serious health conditions, resulting in distress, harm, injury, and suffering to the dog. The dog was euthanized on 11/08/21.

**Exhibits:**

1 - Narrative: 11/05/21

5K - UPC records for 11/05/21

9A-L - VSCOT records for 11/07/21 and 11/08/21

6. Recommended an incorrect treatment plan, including force-feeding and a special diet, for a 14-year-old senior dog during an emergency post op visit on 11/05/21, where the dog was experiencing serious health conditions, resulting in harm, injury, and serious to the dog. The dog was euthanized on 11/08/21.

**Exhibits:**

1 - Narrative: 11/05/21

5K - UPC records for 11/05/21

9A-L - VSCOT records for 11/07/21 and 11/08/21

7. Falsely reported in records for an emergency post op visit on 11/05/21 that he advised against the extraction of all teeth of a 14.5-year-old senior dog, who was experiencing serious health issues following oral surgery on 11/03/21. Without regard to the dog's condition, he commented, "she did alright this time". The dog was euthanized on 11/08/21.

**Exhibits:**

1 - Narrative: 11/05/21

5K - UPC records for 11/05/21

8. Visually assessed and failed to treat dehydration after I reported my dog's decreased and questionable water consumption during an emergency post op visit on 11/05/21 without conducting any appropriate tests, including full blood work, resulting in injury, distress, harm and suffering to a 14.5-year-old senior dog. As standard emergency care, a comprehensive exam and blood and lab tests were performed at Veterinary Specialists of Tucson on 11/07/21. The dog was euthanized on 11/08/21.

**Exhibits:**

1 - Narrative: 11/05/21

5K - UPC records for 11/05/21

9A-L - VSCOT records for 11/07/21 and 11/08/21

**9.** Failed to report in records for the emergency post op visit on 11/05/21 that I reported to him that my dog's water consumption had radically declined and was questionable following the 11/03/21 oral surgery.

**Exhibits:**

- 1 - Narrative: 11/05/21
- 5K - UPC records for 11/05/21
- 9A-L - VSCOT records for 11/07/21 and 11/08/21

**10.** Prescribed medication for a 14.5-year-old senior dog on 11/06/21 who he saw at an emergency visit on 11/05/21 for serious health issues without follow up, an exam, or lab tests, resulting in serious injury, distress, and pain and suffering to the dog. Sent an unknown individual at UPC to explain an earlier diagnosis of CUPS without regard to serious health status reported by the owner on 11/05/21 and 11/06/21.

**Exhibits:**

- 1 - Narrative: 11/06/21
- 5L - UPC records for 11/05/21
- 9A-L - VSCOT records for 11/07/21 and 11/08/21

**11.** Failed report in records to keep accurate medical records for 11/06/21 that the owner of a 14.5-year-old senior dog was still not eating since 11/02/21 and the dog's water consumption had declined radically and was questionable since 11/03/21.

**Exhibits:**

- 1 - Narrative: 11/06/21
- 5L - UPC records for 11/06/21
- 9A-L - VSCOT records for 11/07/21 and 11/08/21

## **EXHIBIT 1**

### **NARRATIVE:**

#### **Introduction:**

My dog, Jazz, was an active Australian Cattle Dog who walked four miles on the local horse trails on Tuesday, 11/02/21, the day before her oral procedure. The prior Sunday she hiked five miles in the Santa Rita Mountains. We regularly hiked five to eight miles in the Santa Catalina and Santa Rita Mountains. Her latest "saddle quest" was Florida Saddle last winter. At 12-years-old she hiked the 11-mile, 3000 ft. elevation gain, 50 switchback, round-trip hike to Baldy Saddle. We walked three to five miles daily in town year-round. Through 11/02/21, Jazz ate, drank, and walked and hiked normally.

Exhibit 2: Jazz hiking photo; 08/03/21

#### **10/28/21: Thursday**

University Pet Clinic  
Dr. Dennis White, DVM

I brought Jazz to an appointment at University Pet Clinic because I thought one or more of her teeth on the bottom left was infected. The teeth were discolored. I recently noticed a very red patch of skin on the underside of her tongue on the bottom left of her mouth near the discolored teeth. Dr. White and a technician were in the exam room. Dr. White looked at the red area and said that the red area could be oral cancer. He said that there could be many types of oral cancer that an older dog can get. He said that under anesthesia a better determination could be made. He said that we needed to do this procedure soon. The technician left the room and said that she was going to speak to the person who performs the dental procedures. Arrangements were made for an oral procedure on Wednesday, 11/03/21, where the possible mass would be assessed, biopsied, and possibly be removed. Jazz' teeth would be examined and X-rayed to check for disease and possible infection and possible extraction and cleaned. The pre-anesthesia blood work was done at that visit. I was told by the tech that the blood work looked good and that there were a couple of things that were a little different due to her age, but the results fell within normal range. I was instructed to withhold food from Jazz after 8 p.m. on Tuesday, 11/02/21, and to withhold water after 6 a.m. on 11/03/21, and to bring her in at 7:15 on Wednesday, 11/03/21. Jazz' appetite and water consumption was normal. Her weight was 42.8 pounds. Her breathing was normal.

#### **11/03/21: Wednesday**

University Pet Clinic  
Dr. Annie Adams, DVM

Chris B., CVT

I took Jazz to University Pet Clinic about 7:15 a.m. A staff person received Jazz and went over an estimate and other information. I accepted the quoted estimate to top at \$2000.00. This would include X-rays and cleaning of her teeth, possible extractions, examination and possibly a biopsy of a possible mass, and possibly the removal of a possible mass. They said she would have to wear a cone if there were sutures for two weeks so her nails would not damage the sutures. Based on that I asked they trim her nails while in surgery. They said they would call if the amount would exceed that estimate and depending on whether they found a mass. I did not disapprove any charge for a biopsy as is stated in the UPC records. I approved of a possible biopsy. Jazz weighed 42.4 pounds that day. At no time was I informed of the risks of anesthesia specific to a 14.5-year-old, senior dog prior to the surgery.

I stayed available by phone throughout the day. I was told that her procedure would be about 1 p.m. In mid-morning while driving I received a phone call during surgery from Dr. Annie Adams who performed the procedure. I pulled off to the side of the road. She informed me that Jazz did not have cancer or any infected teeth. There was no further discussion about abnormal tissue in Jazz' mouth or a need for a biopsy or removal of any mass. She said she did not extract any teeth because, according to the X-rays, Jazz' teeth looked healthy. She said that Jazz' teeth were cleaned. She said that Jazz had Canine Ulcerative Paradental Stomatitis and explained how CUPS could be treated. She said that Jazz would have to have a course of antibiotics ten days of every month, have her teeth brushed every day and have her teeth cleaned every three to six months. She said that CUPS is a condition where the dog's immune system overreacts to bacteria in the mouth. She said that the only way to take care of CUPS is to extract all teeth. She said that she would not recommend doing that because Jazz would be under anesthesia too long. I agreed. I said that I would never have all of her teeth extracted because she would never survive that procedure. She said Jazz was doing well and that I could pick her up in a few hours. I called about three or so to inquire about picking Jazz up and they asked me to hold off until after 4:00 p.m. when the vet would be available.

I picked up Jazz after 4:00 p.m. She was brought to me by Chris, the tech who said he assisted with the procedure. He explained Canine Ulcerative Paradental Stomatitis and how to care for it—including brushing the teeth, administering oral antibiotics, giving Jazz the dental water additive BreathaLyser, treated chews, and Kongs for Jazz to gnaw. He said for his own dog he adds a couple of capfuls of the additive to a two-liter bottle of water and gives it to his dogs and that a bottle goes a long way. Later, I found that this was different than the instructions on the product label. The label says to add approx. 2 capfuls of the product to 1 quart of drinking water daily. I was confused about the



administering of this water and what percentage daily of the dog's water should be treated and how much of their water should be untreated. I later called UPC for clarification before giving Jazz the treated water. The person that answered the phone said that about one cup of their daily intake of water should be treated water and the rest should be untreated water. Chris gave me antibiotics, (Clindamycin Hcl 150mg) in capsule form to start the following day with food. He gave me a dental kit and I purchased the water additive. Chris showed me a photo on a cell phone of Jazz' mouth take during the procedure. Jazz was breathing abnormally and I inquired about this. Chris said it was because her throat was sore due of the tube used for anesthesia. I noticed that Jazz had a small cut on the edge of the side of her tongue about half way back. When we arrived home, Jazz drank large volumes of water, but she did not eat food.

Dental cleaning kit; BreathaLyser Drinking Water Additive; Clindamycin Hcl 150mg; Qty: 60; Refills: 0; Prescribed by Annie Adams, DVM; 11/03/21; 1 capsule by mouth every 12hours for 10 days every month. Give with food.

**11/04/21: Thursday**

University Pet Clinic

CB (as listed in 11/04/21 records), VT

Jazz drank less water and was still not eating any food. In the afternoon Jazz was distressed and she started to have large amounts of "bloody, green snot" coming out of her mouth. These were about two or three inches long and almost the width of a pencil. When I removed these, they were dense in texture. After I removed one, another would follow. The instructions on the bottle of antibiotics said to give with food. Because she was not eating, I called UPC for instructions per the home care instruction sheet provided to me at Jazz' discharge on the day of the procedure. I explained to the person who answered the phone that Jazz had "bloody, green snot" coming out of her mouth and that I could not give Jazz the antibiotics because the instructions on the bottle said to give it with food and she was not eating food. She said the vets were gone, but she would put me on hold and ask the vet tech. She came back to the phone and said that the vet tech said that it was probably drool and that Jazz could go another day without the antibiotics and that it would be okay. She said that the vet tech said that if Jazz was not eating the next day to call the clinic. It was not drool, it was "bloody green snot". Her breathing was still abnormal.

**11/05/21: Friday**

University Pet Clinic

Dr. Dennis White, DVM

Jazz still was not eating, she was not drinking as much water as she was on Wednesday evening when at home, and she had "bloody, green snot" coming from her

mouth and she was distressed. Per the home care instruction sheet and my phone call to the clinic the day before, I reported this in a phone call to UPC in the morning. I said that I still could not give her the oral antibiotics because the instructions said to give them with food and she was not eating. I also said her breathing was not normal. They said that I could drop her off and someone will look at her. I said "no" and that I was bringing her in and that I would be there in 10 minutes and that I needed a vet to look at her. After I got to UPC while we were being escorted to the exam room I asked the escort to listen to Jazz' breathing, because it was abnormal. Dr. White and an unknown tech came to the exam room. Dr. White then took Jazz into a different area of the clinic. When he brought her back to me in the exam room, he said that he and the vet tech who assisted with her procedure on 11/03/21 looked at her. Dr. White said that he gave Jazz an antibiotic injection. I told him Jazz was not eating and her water consumption was questionable. Dr. White said, "she doesn't look that dehydrated". He said that I had to get the antibiotics in her even if she was not eating and to put them at the back of her throat and push them down her throat. (I did not see on the invoice for 11/03/21 a bill for an antibiotic injection that would have been given to Jazz before she was discharged to me following the oral procedure, nor do the records state that she was given an antibiotic injection before she was discharged). I said that I have tried everything to get her to eat. She had soft food and water available to her around the clock. He asked if I tried a bland diet of chicken and rice. He said to force feed her by putting small amounts of soft food in the back of her throat and push the food down her throat. (Overall, I was only able to get about a quarter to a third of a cup of food or so total over two days in to her this way. Some of this food was coming back out of her mouth). He said that when her mouth felt better from the CUPS, she would eat. He gave me an appetite stimulant in liquid form to give to her. He said the abnormal breathing was due to a sore throat from the anesthesia tube. He said the only way to cure CUPS was to extract all of her teeth. I said that I would never do that because she would never survive that procedure. Dr. White commented, "she did alright this time". He instructed the vet tech to show me how to administer the liquid appetite stimulant by using a syringe to place drops at the back of her throat. I was able to open her mouth to administer the drops. Later, I called University Pet Clinic to confirm the amount of the appetite stimulant to administer. The person who took the call was able to figure out that the syringe size given to me was different than the one that would have come in the box. I confirmed the correct amount before administering any of the appetite stimulant. The records from UPC do not reflect this account. Dr. White never advised against the extraction of all of Jazz' teeth as indicated in UPC records. He said, "She did alright this time". No blood tests, any other clinical tests or a complete examination was performed. Jazz weight was recorded as 39.4 pounds. What transpired and what he said is indicated in this narrative. I relayed my account of what Dr. White said and did to Dr. Annie Adams of UPC during the phone call on 11/15/2021.

Prescription: Entyce 30mg/ml 15 ml; Qty:1.00 Refills: (left blank); Instructions: Give 1.8 ml by mouth one daily. ACH: Prescribed by "Doctor on Duty"; 11/05/21. Dr. Dennis White conducted the emergency visit at University Pet Clinic on Friday, 11/05/21.

**11/06/21: Saturday**  
University Pet Clinic  
Dr. Dennis White  
Unknown female person

I called UPC and told them that Jazz was still not eating and that her water consumption was questionable, per the home care instruction sheet. Jazz was very distressed. Dr. White said the day before that Jazz was not eating because her throat was sore from the anesthesia tube and the CUPS. Based on this information, I asked if they could give her something for pain. Dr. White prescribed anti-inflammatory and pain killer prescriptions. When I arrived at UPC, Dr. White did not speak with me. No one inquired about any details of Jazz' condition. An unknown female person came to the front desk and explained CUPS to me again. When I told her Jazz was not eating and that I was putting small amounts of soft food at the back of Jazz' throat and gently pushing it down her throat, she said that I was doing a good job and to continue to do this. This method of feeding was very distressing to Jazz. Some of the food came back out of her mouth. She would hang her head and lean against the cupboards when I tried to force feed her. She had even growled at me once, which she had never done. She was getting very little food with force feeding. I continued to administer the appetite stimulant, antibiotics, pain killers and anti-inflammatory meds. It was now Saturday and she had not eaten a meal since Tuesday afternoon and her water consumption was questionable. Her breathing was still abnormal and she weakened.

Prescriptions:

Gabapentin 100mg Capsules; Qty:40.00; Refills: (left blank); Instructions: Give one capsule by mouth every 12 hours. JRT; University Pet Clinic; 11/06/21, Dennis White, DVM

Vetprofen/ Carprofen Caplet 75mg; Qty:30.00 Refills: (left blank); Instructions: Give 1/2 a tablet by mouth every 12 hours. JRT; University Pet Clinic; 11/06/21; Dennis White, DVM

**11/07/21: Sunday**  
Veterinary Specialty Center of Tucson  
Dr. Paige Vernasco, DVM

Jazz had not eaten since the evening of 11/02/21 and she was not drinking water. That morning I took Jazz to Veterinary Specialty Center of Tucson, an emergency vet. Her

tongue was very dry. She had pieces of dried food stuck to her tongue. She was very distressed. She would hover over the food and water bowls, take nothing, walk away, circle back and repeat the process repeatedly during the night. Her breathing was still abnormal. She also laid down outside during the night in the cool air, which she had never done, which made me think she had a fever. I provided information about the medications prescribed by University Pet Clinic that I was giving to Jazz. When I told Dr. Paige Vernasco about the Entyce 30mg/ml 15 ml, an appetite stimulant prescribed by "Doctor on Duty" (it says this on the packaging) on Friday, that I was giving Jazz, she said, "Don't give that to her, it's cruel". Dr. Dennis White conducted the emergency visit at University Pet Clinic on Friday, 11/05/21.

She was admitted in critical condition by Dr. Paige Vernasco and weighed 37.9 pounds. Jazz spent the night in the ER hospital. Dr. Vernasco said Jazz was severely dehydrated, had an abnormal sodium level, was anorexic, had a fever and had an elevated white blood cell count. Jazz went on an IV drip to rehydrate her. I asked Dr. Vernasco if CUPS (Canine Ulcerative Paradental Stomatitis) could do this. She said "no", it would not. She also said about the CUPS in Jazz' mouth, "Actually, it's not that bad." She said that something did not add up. She explained about abnormal sodium levels and the brain. She asked me if Jazz typically drank a lot of water, saying that Jazz could have been compensating for an imbalance. She also said that Jazz had a blocked salivary gland in her mouth. She said that she tried using a syringe to place water in Jazz' mouth, little went down, and most of it just poured back out of her mouth. Later Dr. Vernasco took chest X-rays and said that her lungs looked good. She said that Jazz would need a feeding tube to eat. Jazz had not eaten a meal since the previous the evening of Tuesday, 11/02/21. Dr. Vernasco asked me about Jazz' pre-anesthesia blood work that was done before the procedure on 11/03/21 at University Pet Clinic. I said that I was verbally told that a couple of things were a little off because of Jazz' age and that over all it was within normal range. I also said that the discharge paper and instructions that I got from UPC said that her blood work was in normal range. I told Dr. Vernasco that University Pet Clinic would open on Monday at 7:00 a.m. She said she wanted to see the pre-anesthesia blood work. She said something did not add up.

Partial list of details from VSCOT records including:

Purulent mucoid material

Problem List: Anorexia, Oral/sublingual mas, Dehydration-severe, hemoconcentration, Hypernatremia, Hyperchloremia, Hyperglobulinemia, Hyperproteinemia, Azotemia-pre-renal

Dxd: Severe infection/abscess, sepsis/SIRS vs sialoceles vs neoplasia vs granuloma

Anemia

Fever

**11/08/21: Monday**

Veterinary Specialty Center of Tucson  
Dr. Paige Vernasco, DVM

I called the ER vet on Monday to get information and to arrange to see Jazz. They said that she still was not eating. This would have been the sixth day that she had not eaten a meal. When I saw her, she was distressed and confused and she had lost much weight. She was weak. Her breathing was still abnormal. She was starving and dependent on a drip line for fluids. She was suffering and had been suffering for days. Dr. Vernasco told me Jazz would be dependent for days on an IV drip for fluids and a feeding tube would need to be inserted through her nose into her stomach. She would need her electrolytes "carefully" balanced, then anesthesia and surgery on her mouth to address the blocked salivary gland and a continued hospital stay. She was very weak, thin and frail. I did not think she could survive this or could survive this without permanent organ damage and continued pain and suffering. I made the excruciating decision to end her pain and suffering and to let her go. Jazz was euthanized at Veterinary Specialty Center of Tucson on 11/08/21.

**11/15/21: Monday**

University Pet Clinic  
Dr. Annie Adams, DVM

Veterinary Specialty Center of Tucson  
Dr. Paige Vernasco, DVM

I went to University Pet Clinic in the morning to get Jazz' records. The receptionist said that she would have to get authorization from a doctor to release the records. She excused herself and went into the back. She returned and said the doctor would have to authorize the release so she could not release them at that time. I said they could email them to me. An hour or two after I left, I got a call from Dr. Annie Adams, who performed Jazz' oral procedure. She said that she saw in Jazz' records that Jazz had been to the emergency vet. She asked what happened and asked how Jazz was doing. I said that Jazz was dead. I told her what happened on November 4, 5, and 6 as I have outlined in this narrative. Dr. Annie Adams said that Jazz obviously had something else going on and this, (the procedure), made it worse. I told Dr Annie Adams that Jazz had still not been eating. I said that this was a major red flag. She said, "Yes it is".

I told her about some of the information that Dr. Vernasco of VSCOT gave to me on November 7 and 8. I said that I reached out to UPC for help every day because something was wrong with Jazz. I said that I brought her in on that Friday on an

emergency basis, not as a drop off as they requested, but because she was not eating food and her water consumption dropped off—as I have given the account in these written records. I said that emergency vet, Dr. Vernasco, had requested on November 8 Jazz' pre-anesthesia blood work taken at University Pet Clinic on October 28, After reviewing that blood work, Dr. Vernasco said that it looked good but that University Pet Clinic did not test Jazz' electrolyte level. Dr. Adams then commented that Dr. White did the blood work. She added, "Unfortunately, that is not part of our panel". I told her about what Dr. White said on Friday, 11/05/21, about taking care of CUPS by extracting all of her teeth, my saying that I would never do that because she would not survive, and Dr. White saying, "she did alright this time". I said to Dr. Adams something to the effect of, "Has he lost his mind" or "Is he out of his mind"? I told her about the report on 11/04/21 of the "bloody, green snot" discharge and that it was not drool. I also told her about my coming in on Saturday, 11/06/21, and picking up the prescriptions and reporting that Jazz was not eating except for what I was able to force feed her and her questionable water intake. She said that she was sorry that I had to go through this. I said, "No, I am sorry that my dog had to go through this. Because she suffered and she suffered a lot." She asked if I minded if she obtained and reviewed the ER records for Jazz. She said that after she reviewed the records and spoke with staff at UPC to see what happened, she would get back to me with any additional information. I have not heard from Dr. Adams. Some of the records were emailed to me at 5:52 p.m. that day. Some of the records do not reflect what happened in the phone calls, the emergency visit and my visits to UPC as I have described in this account. During this phone call I discussed some what transpired with UPC with Dr. Adams as I have written in this narrative.

**12/04/21: Saturday**

Veterinary Specialty Center of Tucson  
Dr. Paige Vernasco, DVM

Dr. Paige Vernasco agreed to meet with me at 2:00 pm on December 4, 2021, because I wanted to ask her "What happened to my dog". I took recent pictures with me that I took of Jazz hiking seven and eight mile hikes in the mountains. I wanted to ask her how we went from this, (the photos of the hikes), to this, (Jazz' pain and suffering and death).

She said that Jazz was in bad shape when she arrived. She was in critical condition. Jazz was severely dehydrated, anorexic, had a fever, had an elevated white blood count, had a blocked salivary gland, had a severe infection, had renal issues and other diagnoses. She said that she had seen aspirated food come out of Jazz' mouth. She said that the oral antibiotics and other medications that were being pushed down her throat may not have been getting into her system. She said that if Jazz were dehydrated before anesthesia and had an electrolyte imbalance, and even if she had a hydration

drip during surgery, she may not have been able to "catch up" and balance her electrolyte levels. She said Jazz' electrolyte levels may have continued to be imbalanced even though she was drinking much water initially following the procedure on 11/03. Dr. Vernasco said that it was not that Jazz didn't want to eat or drink, it was that she could not eat or drink. Dr. Vernasco said that CUPS, (Canine Ulcerative Parodontal Stomatitis), would not prevent Jazz from eating or drinking. (Jazz ate and drank normally through 11/02, the day before the procedure). She said that Jazz' muscles and heart may have been healthy, but she likely had something going on up here and pointed to her head. She had explained earlier that she thought Jazz may have had a condition where her electrolytes were imbalanced and her body was unable to balance them.

**12/15/21: Wednesday**  
University Pet Clinic

I received a digital copy of the photograph of Jazz' mouth taken on 11/03/21, during the oral procedure and shown to me on that date on a cell phone by CVT Chris B.

**12/17/21: Friday**  
University Pet Clinic

I received forms via email from UPC of the paperwork that I signed before Jazz' procedure on 11/03/21. I requested those forms on 12/15.

**12/22/21: Wednesday**  
University Pet Clinic

I requested a copy of the Anesthesia Sheet that was not included in the original records sent to me via email. I received a phone call and voice mail from Karin at UPC stating that they usually do not send those and can I call her. I requested the anesthesia sheet again via email. I received it on 12/29/21.

# EXHIBIT 7A

## **Peanesthetic Bloodwork**

By Catherine Barnette, DVM

| Care & Wellness, Pet Services

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### **Why is preanesthetic bloodwork valuable?**

Peanesthetic bloodwork is typically recommended for most animals that are undergoing anesthesia. This bloodwork allows your veterinarian to assess your pet's overall health, ensuring that your pet is a good candidate for anesthesia. If preanesthetic bloodwork shows any abnormalities, these abnormalities can be addressed by making any necessary adjustments to your pet's treatment plan.

### **What does preanesthetic bloodwork assess?**

While the exact biochemical parameters measured in preanesthetic bloodwork vary, depending on the particular bloodwork panel your veterinarian recommends, preanesthetic bloodwork typically involves two primary components. These two components are a **complete blood count (CBC)** and a **serum biochemistry**. These



tests provide valuable information about your pet's internal health status.

### What is a complete blood count (CBC)?

A complete blood count assesses the cells that are present in your pet's blood.

Abnormalities in your pet's cell counts may indicate underlying disease and affect your pet's surgical/anesthetic risks.

A complete blood count specifically looks at three types of cells that are found in the blood:

- **Red blood cells.** These cells carry oxygen through the blood to your pet's tissues. A CBC assesses the quantity, shape, and hemoglobin content of your pet's red blood cells. These tests detect a number of diseases, including **anemia** (low red blood cells) and **polycythemia** (elevated red blood cells).
- **White blood cells.** These cells typically respond to inflammation or infection. A CBC not only measures your pet's overall

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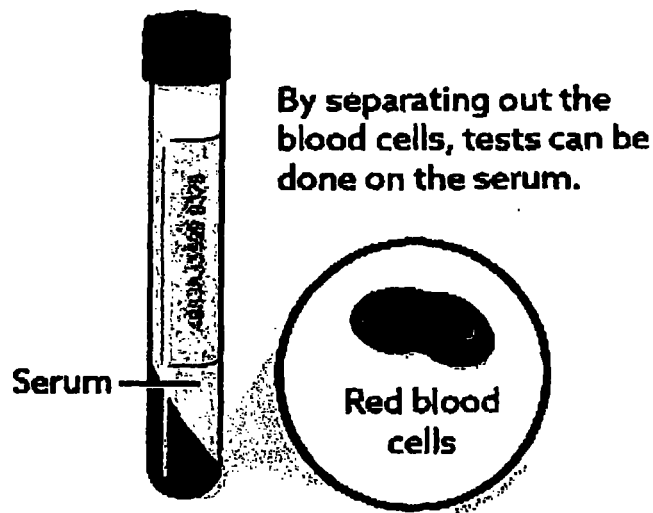
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inflammation; the specific white blood cell type that is abnormally elevated can often provide additional information about a possible diagnosis. Abnormally low white blood cell counts may indicate a more serious infection or possible

immunodeficiency. Less commonly, dramatic white blood cell count abnormalities may indicate cancer.

- **Platelets.** Platelets are responsible for blood clotting. A low platelet count suggests that your pet may be at greater risk of excessive blood loss during surgery.

#### What is the serum biochemistry?



The serum biochemistry examines levels of a number of chemicals in the blood associated with organ function. The exact parameters that are checked in a blood panel will vary depending the particular panel your veterinarian recommends; young, healthy pets may receive a smaller biochemistry panel than senior pets. In general, however, a serum biochemistry will include values that assess your pet's liver, kidneys, blood glucose, serum proteins, and possibly other parameters.

- **Liver function** is assessed through a number of values on the serum

biochemistry. These values include alkaline phosphatase (ALP), alanine transferase (ALT), aspartate aminotransferase (AST), gamma-glutamyl transferase (GGT), and total bilirubin (Tbili). Elevations in these values may suggest an increased risk of liver disease in your pet.

- **Kidney function** is assessed by measuring the blood urea nitrogen (BUN) and creatinine (BUN). Both of these substances are normally cleared by the kidney. Increased blood levels of BUN and creatinine suggest that they are not being effectively cleared by the kidney, due to dehydration or kidney disease.
- **Glucose** is a measure of the sugar in the blood. Dramatically elevated blood glucose levels may indicate diabetes.
- **Serum proteins** include albumin (ALB), globulin (GLOB), and total protein (TP). Low protein levels are associated with a number of medical conditions. Pets with low protein levels may experience delayed post-surgical healing. Elevated serum protein levels may indicate dehydration.
- **Electrolytes**, such as potassium (K), sodium (Na), chloride (Cl), may become increased or decreased with various disease states that may affect surgical healing or suitability for anesthesia.

**How might preanesthetic bloodwork affect my pet's treatment?**

If your veterinarian finds abnormalities on your pet's preanesthetic bloodwork, there are several potential outcomes.

Some abnormalities are mild and unlikely to be clinically relevant. For example, a white blood cell count that is just marginally above the normal range, in the absence of clinical signs, may be an indication of stress and not of any underlying disease.

A marginally elevated blood glucose without other abnormalities may also be seen with stress. If your pet has a very mild elevation, your veterinarian may proceed with anesthesia without any further testing or interventions. In some cases, your veterinarian may recommend rechecking the value in the future, to ensure that more significant abnormalities do not develop, even if the elevation does not appear to be significant at the time of testing.

In some cases, preanesthetic bloodwork detects abnormalities that can be corrected prior to anesthesia. For example, if your pet's preanesthetic bloodwork indicates mild dehydration, your veterinarian may administer intravenous fluids for several hours prior to anesthesia. This allows your pet to be as medically stable as possible prior to undergoing anesthesia.

*"In some cases, preanesthetic bloodwork detects abnormalities that can be corrected prior to anesthesia."*

In other cases, however, more significant abnormalities might be detected on preanesthetic bloodwork. In these cases, your veterinarian may recommend postponing surgery until additional testing or treatment can be performed. Examples of situations where this may occur include severe anemia, significantly elevated liver or kidney values, or diabetes. In the case of significant bloodwork abnormalities, postponing surgery until the pet's condition can be thoroughly diagnosed and addressed helps maximize the chances of a safe anesthetic procedure.

Your veterinarian will interpret your pet's preanesthetic bloodwork in light of your pet's physical examination and medical history, using the bloodwork to make rational recommendations regarding your pet's anesthetic drugs and any changes that may need to be made in your pet's treatment plan.

Contributors: Catherine Barnette, DVM

EXHIBIT 7G



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# Dog Anesthesia: What Every Dog Owner Should Know

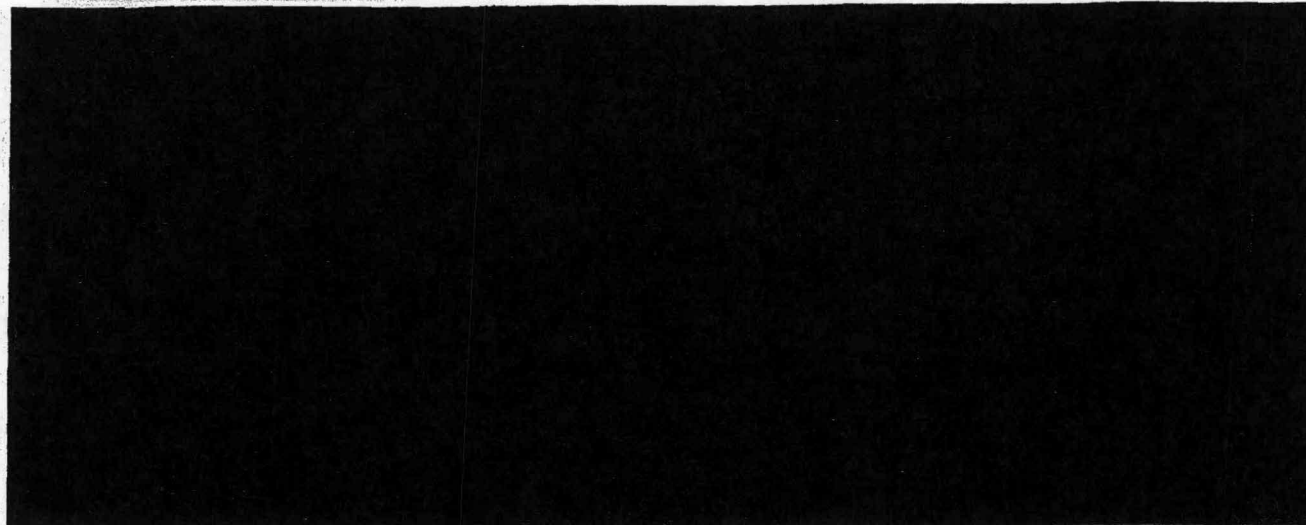
By Alexandra Anastasio

Sep 22, 2021 | 4 Minutes

## Key Points

- Anesthesia may be higher risk for puppies, senior dogs, and certain breeds.
- A thorough physical exam and blood work can help detect the possibility of complications.
- Pet owners can work with their veterinarians to reduce the risk of anesthesia for their dog.





### • *obesity*

Whether you have a young dog and you've scheduled routine neutering, an old dog who needs dental work, or an active dog who has torn a ligament – you may be scheduling a veterinary procedure that requires anesthesia.

There's a risk involved any time a dog is given drugs to put him under for surgery. So it's important for responsible dog owners to be aware of potential complications, have a plan in place beforehand, and work with a veterinarian to ensure your pet's safety.

When it comes to routine procedures, what pet owners least expect is a call that something's gone wrong. But that's exactly what happened to first-time pet owners Lisa Marchese and Gudry Genao after they brought their five-month-old Havanese puppy in for neutering procedure. Minutes after the procedure began, their beloved Petey died.

"We weren't nervous about the neutering; if anything, we felt bad for what we heard he was going to experience afterwards," says Marchese. "It never crossed our minds something would happen."

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Although anesthesia-related deaths are rare, they can occur. Approximately 1 in 2,000 healthy dogs die under anesthesia each year, says Preventative Vet author and veterinary anesthesiologist Dr. Heidi Shafford.

## What Are the Risk Factors for Dogs Undergoing Anesthesia?

Certain dogs have a higher anesthetic risk due to their breed, size, health, or age. These risks can run from minor problems, such as mild vomiting after recovery from anesthesia to life-threatening problems such as cardiac arrest or stroke. The American College of Veterinary Anesthesia and Analgesia advises that, "The anesthesiologist's main task is to provide safe, optimal anesthesia, specifically tailored to your pet. Anesthesiologists are trained to administer anesthetics safely to patients who are sick, injured, pediatric, geriatric, or healthy."

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**Breed:** Some breeds have specific sensitivities to anesthesia. The American Animal Hospital Association (AAHA) guidelines warn that Greyhounds may have prolonged recoveries after receiving some anesthetics such as barbiturates, and Cavalier King Charles Spaniels may be predisposed to cardiac disease. Brachycephalic breeds, such as Bulldogs, Pugs, and Boston Terriers, have higher airway-related complication rates.

**Size:** Toy breeds are at increased risk for anesthetic complications because they are more prone to hypothermia, may be more difficult to intubate and monitor, and are more easily overdosed, according to the AAHA. Giant breeds also can be at increased risk since dosage amounts required are larger. A dog's weight can also be a factor. If your dog is overweight, and the procedure is not an emergency, most veterinarians will prefer that your pet lose a few pounds before surgery.

**Age:** Senior dogs and very young dogs can have an increased risk under anesthesia because of changes in or immaturity of some of their body's organs or systems. However, Dr. Berit Fischer, who serves on the American College of Veterinary Anesthesia and Analgesia Board

## EXHIBIT 7 K

of Directors, says, "Age is not a disease, and the anesthetic risk is not much greater for a geriatric patient than a patient who is younger, as long as they are healthy with no co-existing disease."

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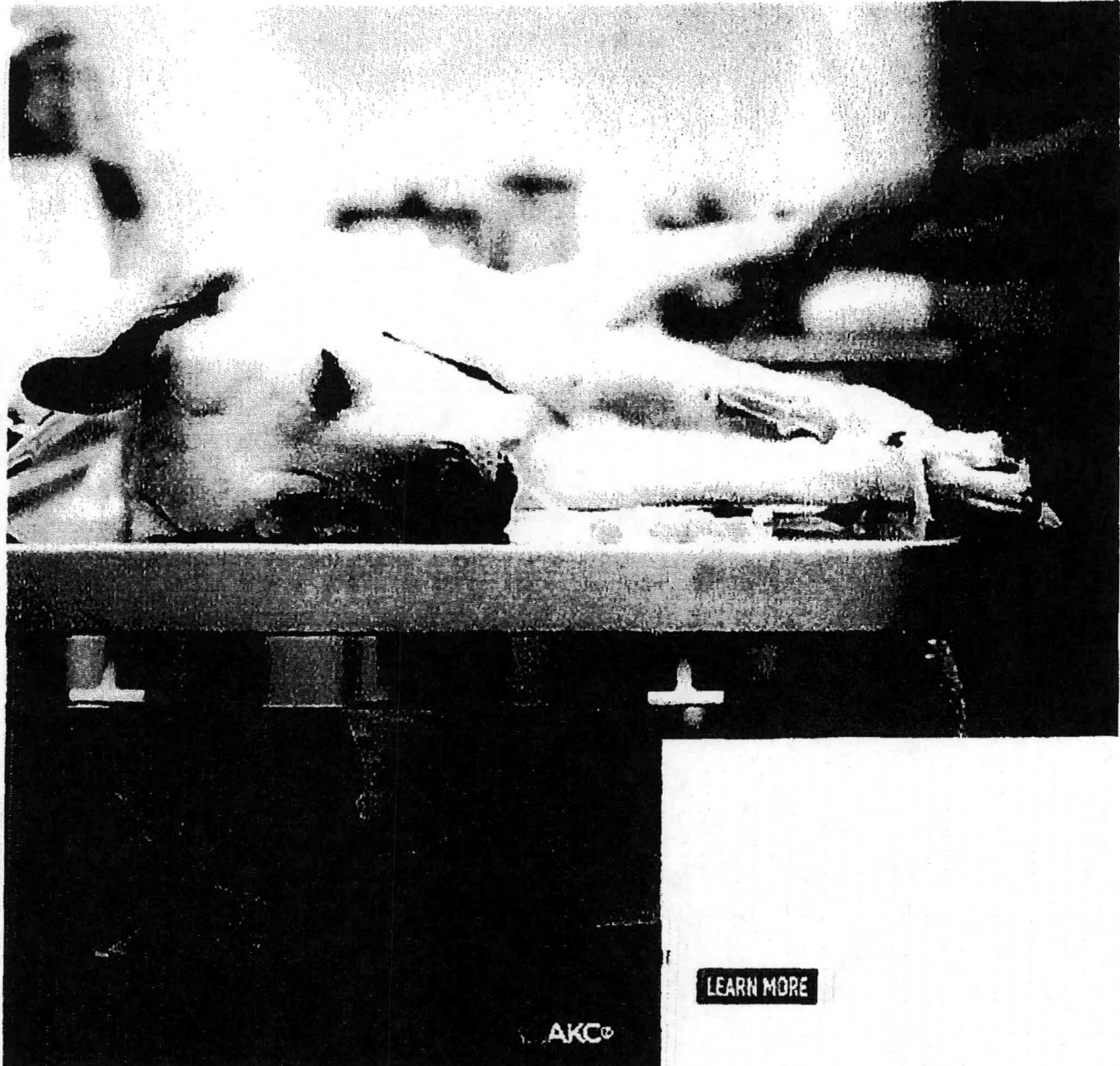
  
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**Post-Surgery Monitoring and Time of Day:** The AAHA reports that almost half of anesthetic-related dog deaths occur during the first few hours of the postoperative period, so monitoring of the recovering patient by trained personnel is critical. Procedures occurring late in the day or after normal office hours have also shown higher risk, most likely because they involve emergencies that limit time to examine and stabilize the dog and can involve more tired veterinary staff.



## Plan Ahead When You Can

Having a plan in place before your dog experiences anesthesia will help make the procedure as safe as possible. Here are the steps that you and your veterinarian can take before, during, and after surgery to reduce the risk.

## Before Surgery

Before even scheduling a procedure, your veterinarian will give your dog a physical exam, which will likely include blood work including blood chemistry, blood count, and electrolyte test, to make sure overall health is good enough to avoid complications. You'll be asked to share your pet's medical history, including any allergies. At this point, you can ask questions about the procedure, risks, recovery, and alternatives to surgery.

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On the day of surgery, you will be asked not to feed your dog for at least several hours in advance to reduce the risk of your dog aspirating food or fluid into the lungs. Once you arrive at the office, your dog may be given a mild sedative and will have an intravenous (IV) catheter placed in a vein, usually in a leg, after the site is shaved and cleaned.

## During Surgery

General anesthesia makes your dog unconscious, so he won't move or feel pain. While under anesthesia, your pet will receive monitoring and care comparable to what you'd receive.

According to the American Veterinary Medical Association, this may include intravenous fluids and/or medications to support your pet's circulation and blood pressure; endotracheal tube inserted into your pet's trachea (windpipe) to deliver the anesthetic gas and provide oxygen to your pet's lungs; pulse oximetry to measure the oxygenation of your pet's blood;

blood pressure monitoring; temperature monitoring and warming blankets to prevent hypothermia (low body temperature); and electrocardiography to monitor your pet's heart.

## After Surgery

When it's time for your dog to awaken, he'll be placed in a quiet crate with warm blankets and will be closely monitored for any problems. Some pets, depending on the type of surgery and their medical condition, may be sent home later in the day if they awaken well from the anesthesia and their pain is under control.

At this time, your vet should give you discharge instructions. Your dog may take several days to get back to normal. Some dogs whine a bit when they first come home. A dog's body may take a while to regain control over temperature – so keep him warm, but not too hot.

## What Can You Do to Reduce Your Pet's Risk?

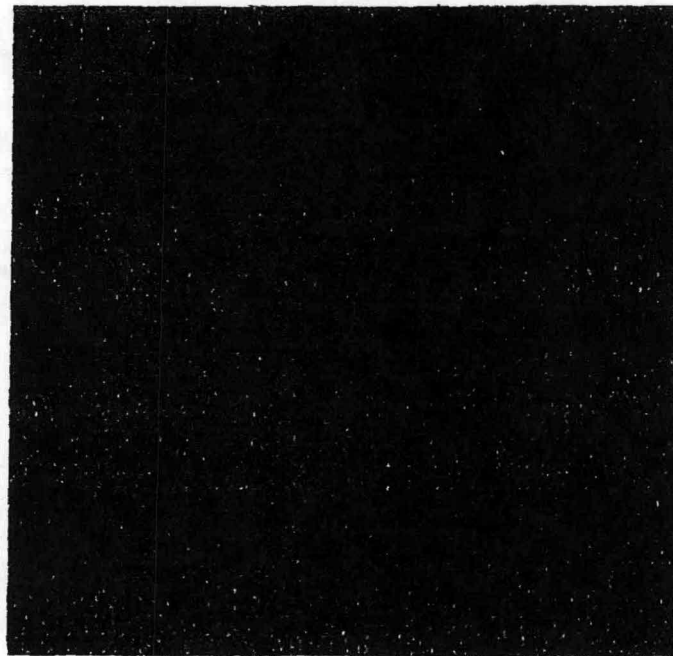
The AVMA recommends dog owners take the following steps to help reduce the risk of anesthesia for their dogs:

- Let your veterinarian know if your pet has ever had a reaction to sedation or anesthesia.
- Make sure your veterinarian is aware of all medications and supplements (including over-the-counter products) your pet is receiving.
- Keep your pet healthy with regular preventive care.
- Keep your pet at a healthy weight.
- Take steps to prevent injuries whenever possible.

- Follow your veterinarian's instructions before anesthesia, especially with regards to withholding food, water, and medications.

"The anesthesia dogs receive has been improved through years of research and experience, while veterinary training has also advanced," says Dr. Jerry Klein, AKC chief veterinary officer. "Although you can never be 100 percent certain of how your dog may react to anesthesia, taking advanced precautions and working with a trained veterinarian to make the best choice for your dog will help keep him as safe as possible."

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### Emergency First Aid for Dogs

To the Arizona State Veterinary Medical Examining Board,

On 10-28-21, I was presented a 14.5 year old spay female Blue Heeler named Jazz owned by Norma Jean Gargas. The main complaint was something painful and possible infected under left side of tongue.

On exam I was not able to completely view sublingual irritation but did evaluate teeth tartar with grade 5/5. Skin masses were noted ventral thorax and right lateral thorax.

We discussed oral neoplasia being 50% malignant, therefore need to proceed.

A plan was developed for oral exam under anesthesia with teeth cleaning and possible extraction as soon as possible. We would do blood analysis today to speed up process. A CBC- chemistry 17 panel – heart worm tests were done with unremarkable results, therefore should schedule. Technician Jenna Lane informed client that blood results were within limits and discussed anesthesia procedure and scheduled dental cleaning and oral exam for 11-3-21.

The blood panel on receipt read Senior Cat but is same correct for dog just computer code.

On 11-3-21, Dr Adams did COHAT exam. No definitive oral mass was found. The teeth were evaluated visually and radiographically. The diagnosis was Canine Ulcerative Parodontal Stomatitis, a poorly understood autoimmune syndrome which best treated with full mouth extraction, but with Jazz age this was not done. With no extractions no pain medications were ordered but oral clindamycin was dispensed.

On 11-4-21, via phone communications not eating and did not give oral Clindamycin. Told need to get medications down. Later that communication developing drool, which can be normal after oral procedures.

On 11-5-21 presented to clinic still not eating and unable to give oral antibiotics. With exam noted red inflamed gingivitis, increase saliva and elevated temperature at 103.9. 127mg Clindamycin given SQ and Entyce (30mg/ml) at 1.8ml PO daily to stimulate appetite. Discussed to be more aggressive giving oral medications and force feeding if necessary.

11-6-21 phone communication via Receptionist Alexa that gave all medication-- request pain medication which were ordered –Carprofen 75mg 1/2t twice daily and gabapentin 100mg twice daily

Therefore I would think that possible rebounding at that time, but did not do that..

The 2 days without antibiotics and the stimulation with cleaning teeth possible overwhelmed the distressed immune system. Without autopsy we will not know. This syndrome – CUPS – will need further discussion

I am deeply depressed that one of profession would possible say that Entyce was cruel and not to use it.

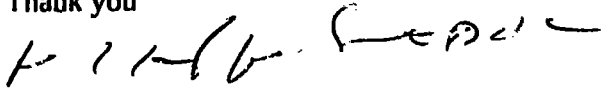
This drug has been very good tool for appetite stimulate.

Additional history on Jazz :

She was presented on June 23, 2021 to Dr Adams for dental exam. At that time severe dental tartar and recommended dental cleaning.

On June 24, 2021, I personally talked on phone with owner about dental cleaning, anesthesia and extractions. I told her to do it now while Jazz in good shape.

Thank you

A handwritten signature in black ink, appearing to read "Dennis White". The signature is fluid and cursive, with a long horizontal stroke at the end.

Dennis White DVM



**Douglas A. Ducey**  
- Governor -



**Victoria Whitmore**  
- Executive Director -

**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**

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**INVESTIGATIVE COMMITTEE REPORT**

**TO:** Arizona State Veterinary Medical Examining Board

**FROM:** PM Investigative Committee: Adam Almaraz - Chair  
Amrit Rai, DVM  
Steven Dow, DVM  
Gregg Maura  
Justin McCormick, DVM

**STAFF PRESENT:** Tracy A. Riendeau, CVT - Investigations  
Marc Harris, Assistant Attorney General

**RE:** Case: 22-71  
Complainant(s): Norma Jean Gargas  
Respondent(s): Dennis White, DVM (License: 0885)

**SUMMARY:**

Complaint Received at Board Office: 1/5/22  
Committee Discussion: 5/3/22  
Board IIR: 6/15/22

**APPLICABLE STATUTES AND RULES:**

Laws as Amended August 2018  
(Lime Green); Rules as Revised  
September 2013 (Yellow)

On October 28, 2021, "Jazz," a 14.5 year-old female Australian Cattle Dog was presented to Dr. White for oral evaluation. Based on his exam, an oral exam under anesthesia with teeth cleaning and possible extractions was recommended. Blood work was performed and the dental cleaning and oral exam was scheduled for November 3, 2021.

On November 3, 2021, the dog was presented to Dr. Adams for an oral exam and dental cleaning. Based on oral exam and diagnostics under anesthesia, Dr. Adams suspected the dog had canine ulcerative paradental stomatitis (CUPS). Dr. Adams contacted Complainant with her findings and full mouth extraction was discussed – Complainant declined at that time. The dog was discharged later that day by CVT Beck.

Over the next several days, the dog refused to eat therefore Complainant could not administer the dog's antibiotics. Dr. White evaluated the dog and administered an antibiotic injection and an appetite stimulant. There was no improvement therefore carprofen and gabapentin were dispensed.

On November 7, 2021, the dog was presented to an emergency facility where the dog was diagnosed with a sublingual mass with purulent oral discharge and severe dehydration. The dog was hospitalized for IV fluids and supportive care.

The following day, Complainant elected to humanely euthanize the dog.

**Complainant was noticed and appeared.**

**Respondent was noticed and appeared telephonically.**

**The Committee reviewed medical records, testimony, and other documentation as described below:**

- Complainant(s) narrative: *Norma Jean Gargas*
- Respondent(s) narrative/medical record: *Dennis White, DVM*
- Consulting Veterinarian(s) narrative/medical records: *VSCOT*

### **PROPOSED 'FINDINGS of FACT':**

1. In June 2021, Dr. Adams examined the dog and recommended a dental due to severe dental disease. Complainant declined and was not interested in pursuing anything that required anesthesia.

2. On October 28, 2021, the dog was presented to Dr. White with concerns that the underside of the dog's tongue was red and possibly infected. Upon exam, the dog had a weight = 42.8 pounds, a temperature = 100.8 degrees, a heart rate = 130bpm and a respiration rate = 30rpm. Dr. White noted the dog had severe dental tartar and sublingual irritation on the left side. There were skin masses on the ventral and right lateral thorax. Blood was collected for testing and an oral evaluation with dental cleaning and possible extractions was scheduled for November 3, 2021.

3. Blood work was noted as unremarkable; Heartworm test – negative.

4. On November 3, 2021, the dog was presented to Dr. Adams for an oral evaluation and dental with possible extractions. Complainant reported that the dog was eating and drinking normally. She did not want any teeth extracted unless called for permission. Upon exam, the dog had a weight = 42.4 pounds, a temperature = 101.9 degrees, a heart rate = 120bpm, and a respiration rate = 35rpm. The dog appeared to be an acceptable anesthetic candidate and it was agreed to proceed with the oral evaluation.

5. An IV catheter was placed and LRS fluids were initiated. The dog was pre-medicated with butorphanol and midazolam IM; induced with propofol IV; and maintained on isoflurane and oxygen. Once under anesthesia, full mouth radiographs were taken and an oral exam was performed. No masses or abscessed teeth noted – there was no indication to extract teeth. Dr. Adams stated that the dog had all the signs consistent with canine ulcerative paradental stomatitis (CUPS). She discussed her findings and presumptive diagnosis with Complainant. They spoke about the chronic painful condition that only had one effective treatment which

was to extract all teeth. Respondent further advised that although the lesions in the dog's mouth were typically diagnostic of CUPS, she could not completely rule out autoimmune disease or malignancy without histopathology. Complainant did not want to extract the dog's teeth at that time and declined biopsy of abnormal gingiva. After the dog's teeth were cleaned and polished, she recovered uneventfully. The dog was discharged later that day with Clindamycin 150mg, 60 tablets; give one tablet twice a day for 10 days each month; and Breathalyser Water Additive.

6. At discharge, CVT Beck went over the discharge instructions with Complainant including the recommendation to routinely brush the dog's teeth, administer the oral antibiotics, and add the dental additive to the dog's water. CVT Beck's verbal instructions with respect to adding the dental additive to the dog's water was different that was on the product label.

7. Complainant commented that the dog's breathing was abnormal. CVT Beck stated it was because the dog's throat was sore due to the endotracheal tube. According to Mr. Beck, he spoke with Complainant at length regarding the CUPS diagnosis and the complications associated with it. He showed Complainant the pictures taken of the dog's mouth while under anesthesia. CVT Beck advised Complainant to start the antibiotics the next day and Complainant left the premises.

8. On November 4, 2021, the dog was drinking less and showed no interest in food. Later that afternoon, the dog started passing large amounts of bloody, green snot, out of her mouth. Due to the dog not eating, Complainant did not start the antibiotics because the instructions stated to give with food.

9. Complainant called the premises to report that the dog was not eating therefore not receiving the antibiotics; furthermore, the dog was passing bloody, green snot. Reception staff stated that there was not a veterinarian available therefore technical staff was advised of what was transpiring. Technical staff relayed that the dog was likely passing drool and it would be fine if the dog went another day without antibiotics.

10. On November 5, 2021, the dog was presented to Dr. White due to not eating, passing bloody green mucous drool from mouth, and breathing abnormally. Complainant was unable to give medication. Upon exam, the dog had a weight = 39.4 pounds, a temperature = 103.9 degrees, a heart rate = 150bpm and a respiration rate = 60rpm. Dr. White noted that the dog had red, inflamed gingiva due to CUPS infection with increased saliva. Clindamycin 127mg was administered SQ and Entyce was dispensed and instructed to give 1.8mL SQ once a day. Dr. White recommended Complainant be more aggressive with giving the antibiotic and force feeding.

11. On November 6, 2021, Complainant called the premises to request pain medication. The dog was not eating or drinking – Complainant was force feeding the dog but the dog was resistant. Dr. White approved pain medication and dispensed carprofen and gabapentin.

12. On November 7, 2021, the dog continued to be anorexic and lethargic therefore Complainant presented the dog to Veterinary Specialty Center of Arizona for evaluation. Dr. Vernasco examined the dog and discovered an oral sublingual mass on the left side with associated purulent oral discharge, severe dehydration, and marked inflammatory leukogram, electrolyte derangements, azotemia, mild anemia and severe hyperproteinemia. The dog was hospitalized for rehydration, supportive care and monitoring. IV fluids were administered along with supportive medications

13. That evening, the dog's care was transferred to Dr. Podmayer for overnight monitoring and supportive care. The dog remained stable but the fever persisted. Thoracic radiographs were performed and revealed no evidence of pulmonary nodules. Recheck blood work showed improving hypernatremia but worsening hyperchloremia, as well as mild hypokalemia.

14. The next day, the dog's care was transferred to Dr. Vernasco for continued care. Complainant visited the dog and Dr. Vernasco expressed her concern for an underlying issue that has not been identified. Blood work changes were difficult to fully explain and diagnostics and treatments would likely be extensive and they may make a diagnosis that cannot be treated. After discussion with Dr. Vernasco and visiting the dog, Complainant elected to humanely euthanize the dog.

15. Complainant expressed concerns that she was not advised of the potential risks of anesthesia in a senior dog, electrolytes were not tested prior to surgery, and she did not decline a biopsy during the dental procedure.

#### **COMMITTEE DISCUSSION:**

The Committee discussed that they had some concerns with Respondent's recheck evaluation on November 5<sup>th</sup>. They questioned him a couple times on what he observed and he responded that the dog was not in a state that required any medical intervention at that time, including IV or SQ fluids.

The Committee read through the emergency veterinarian's records and there were many differentials. A sialoceles can fluctuate which can cause obstruction with respect to eating. The dog also had a history of Valley Fever which could have also been the cause of the dog's issues. The CUPS could have also been causing the dog to have issues.

Although the electrolytes were of concern at the emergency facility that was not a reflection of what they were on the day the dental was performed. Electrolytes are not a part of a routine pre-surgical panel.

The Committee commented that it was a mystery on why the dog's condition declined

rapidly and felt Respondent's care and treatment of the dog was appropriate.

**COMMITTEE'S PROPOSED CONCLUSIONS of LAW:**

The Committee concluded that no violations of the Veterinary Practice Act occurred.

**COMMITTEE'S RECOMMENDED DISPOSITION:**

**Motion:** It was moved and seconded the Board:

*Dismiss this issue with no violation.*

**Vote:** The motion was approved with a vote of 5 to 0.

*The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.*

TR

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Tracy A. Riendeau, CVT  
Investigative Division

1                   BEFORE THE ARIZONA STATE VETERINARY MEDICAL  
2                                   EXAMINING BOARD

3 IN THE MATTER OF:                   ) CASE No.: 22-71  
4 DENNIS WHITE, DVM                   )                   )  
5 HOLDER OF LICENSE No. 0885        ) FINDINGS OF FACT,  
6                                    ) CONCLUSIONS OF LAW  
7                                    ) AND ORDER  
8                                    )                   )  
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9           The Arizona State Veterinary Medical Examining Board ("Board")  
10 considered this matter at its public meeting on July 20, 2022. Dennis White, DVM  
11 ("Respondent") appeared on his own behalf for an Informal Interview that was  
12 held pursuant to the authority vested in the Board by A.R.S. § 32-2234(A). After  
13 due consideration of the evidence, the arguments and the applicable law, the  
14 Board voted to issue the following Findings of Fact, Conclusions of Law and  
15 Order ("Order").

16                                   **FINDINGS OF FACT**

17           1. Respondent is the holder of License No. 0885 and is therefore authorized  
18 to practice the profession of veterinary medicine in the State of Arizona.

19           2. On October 28, 2021, "Jazz," a 14.5 year-old female Australian Cattle Dog  
20 was presented to Respondent with concerns that the underside of the dog's  
21 tongue was red and possibly infected. Respondent noted the dog had severe  
22 dental tartar and sublingual irritation on the left side. There were skin masses on  
23 the ventral and right lateral thorax. Blood was collected for testing and an oral  
24 evaluation with dental cleaning and possible extractions was scheduled for  
25 November 3, 2021.

1 3. On November 3, 2021, the dog was presented to Respondent's associate,  
2 Dr. Adams, for an oral evaluation and dental with possible extractions. Blood  
3 work previously performed was unremarkable. Complainant reported that the  
4 dog was eating and drinking normally. She did not want any teeth extracted  
5 unless called for permission. Upon examination, the dog appeared to be an  
6 acceptable anesthetic candidate and it was agreed to proceed with the oral  
7 evaluation.

8 4. An IV catheter was placed and LRS fluids were initiated. The dog was pre-  
9 medicated with butorphanol and midazolam IM; induced with propofol IV; and  
10 maintained on isoflurane and oxygen. Once under anesthesia, full mouth  
11 radiographs were taken and an oral exam was performed. No masses or  
12 abscessed teeth noted – there was no indication to extract teeth. Dr. Adams  
13 stated that the dog had all the signs consistent with canine ulcerative  
14 paradental stomatitis (CUPS). She discussed her findings and presumptive  
15 diagnosis with Complainant. They spoke about the chronic painful condition  
16 that only had one effective treatment which was to extract all teeth.  
17 Respondent further advised that although the lesions in the dog's mouth were  
18 typically diagnostic of CUPS, she could not completely rule out autoimmune  
19 disease or malignancy without histopathology. Complainant did not want to  
20 extract the dog's teeth at that time and declined biopsy of abnormal gingiva.  
21 After the dog's teeth were cleaned and polished, she recovered uneventfully.  
22 The dog was discharged later that day with Clindamycin 150mg, 60 tablets;  
23 give one tablet twice a day for 10 days each month; and BreathaLyser Water  
24 Additive.

1       5. At discharge, CVT Beck reviewed the discharge instructions with  
2 Complainant including the recommendation to routinely brush the dog's teeth,  
3 administer the oral antibiotics, and add the dental additive to the dog's water.

4       6. Complainant commented that the dog's breathing was abnormal. CVT  
5 Beck stated it was because the dog's throat was sore due to the endotracheal  
6 tube. According to CVT Beck, he spoke with Complainant at length regarding  
7 the CUPS diagnosis and the complications associated with it. He showed  
8 Complainant the pictures taken of the dog's mouth while under anesthesia.  
9 CVT Beck advised Complainant to start the antibiotics the next day and  
10 Complainant left the premises.

11       7. On November 4, 2021, the dog was drinking less and showed no interest in  
12 food. Later that afternoon, the dog started passing large amounts of bloody,  
13 green snot, out of her mouth. Due to the dog not eating, Complainant did not  
14 start the antibiotics because the instructions stated to give with food.

15       8. Complainant called the premises to report that the dog was not eating,  
16 therefore, not receiving the antibiotics; furthermore, the dog was passing  
17 bloody, green snot. Reception staff stated that there was not a veterinarian  
18 available; therefore, technical staff was advised of what was transpiring.  
19 Technical staff relayed that the dog was likely passing drool and it would be  
20 fine if the dog went another day without antibiotics.

21       9. On November 5, 2021, the dog was presented to Respondent due to not  
22 eating, passing bloody green mucous drool from mouth, and breathing  
23 abnormally. Complainant was unable to give medication. Upon exam,  
24 Respondent noted that the dog had red, inflamed gingiva due to CUPS  
25 infection with increased saliva. Clindamycin 127mg was administered SQ and



1 Entyce was dispensed and instructed to give 1.8mL SQ once a day.  
2 Respondent recommended Complainant to be more aggressive with giving  
3 the antibiotic and force feeding.

4 10. On November 6, 2021, Complainant called the premises to request pain  
5 medication. The dog was not eating or drinking – Complainant was force  
6 feeding the dog but the dog was resistant. Respondent approved pain  
7 medication and dispensed carprofen and gabapentin.

8 11. The Board concluded that Respondent's conduct fell below the  
9 standard of care due to not recommending follow up blood work to assess the  
10 patient's condition, failing to recommend hospitalization with supportive care,  
11 and recommending at-home care that did not provide for the patient's needs  
12 which resulted in further suffering of the patient.

13 12. On November 7, 2021, the dog continued to be anorexic and lethargic;  
14 therefore, Complainant presented the dog to Veterinary Specialty Center of  
15 Arizona for evaluation. Dr. Vernasco examined the dog and discovered an oral  
16 sublingual mass on the left side with associated purulent oral discharge, severe  
17 dehydration, and marked inflammatory leukogram, electrolyte derangements,  
18 azotemia, mild anemia and severe hyperproteinemia. The dog was hospitalized  
19 for rehydration, supportive care and monitoring. IV fluids were administered  
20 along with supportive medications.

21 13. That evening, the dog's care was transferred to Dr. Podmayer for  
22 overnight monitoring and supportive care. The dog remained stable but the  
23 fever persisted. Thoracic radiographs were performed and revealed no  
24 evidence of pulmonary nodules. Recheck blood work showed improving  
25 hypernatremia but worsening hyperchloremia, as well as mild hypokalemia.

1 14. The next day, the dog's care was transferred to Dr. Vernasco for  
2 continued care. Complainant visited the dog and Dr. Vernasco expressed her  
3 concern for an underlying issue that has not been identified. Blood work  
4 changes were difficult to fully explain and diagnostics and treatments would  
5 likely be extensive and they may make a diagnosis that cannot be treated.  
6 After discussion with Dr. Vernasco and visiting the dog, Complainant elected to  
7 humanely euthanize the dog.

#### 8 9 CONCLUSIONS OF LAW

10 15. The conduct and circumstances described in the Findings of Fact above,  
11 constitutes a violation of **A.R.S. § 32-2232 (12)** as it relates to **A.A.C. R3-11-501**  
12 **(1)** failure to provide professionally acceptable procedures by not  
13 recommending follow up blood work to assess the patient's condition, failing to  
14 recommend hospitalization with supportive care, and recommending at-home  
15 care that did not provide for the patient's needs resulting in further suffering of  
16 the patient.

#### 17 ORDER

18 Based upon the foregoing Findings of Fact and Conclusions of Law it is  
19 **ORDERED** that Respondent's License, No. 0885 be placed on **PROBATION** for a  
20 period of one year, subject to the following terms and conditions that shall be  
21 completed within the Probationary period. These requirements include six (6)  
22 total hours of continuing education (CE) detailed below:

23 1. **IT IS ORDERED THAT** Respondent shall provide written proof satisfactory to  
24 the Board that he has completed six (6) hours of continuing education (CE);  
25 hours earned in compliance with this order shall not be used for licensure

1 renewal. Respondent shall satisfy these **six (6) hours by attending CE in the area**  
2 **of diagnostics and examinations.** Respondent shall submit written verification of  
3 attendance to the Board for approval.

4 **2. IT IS ORDERED. THAT** Respondent shall pay a civil penalty of two hundred  
5 fifty dollars (\$250) on or before the end of the Probation period. Civil penalty  
6 shall be made payable to the Arizona State Veterinary Medical Examining  
7 Board and is to be paid by cashier's check or money order.

8 **3. All continuing education to be completed for this Order shall be pre-**  
9 **approved by the Board.** Respondent shall submit to the Board a written outline  
10 regarding how he plans to satisfy the requirements in paragraph 1 for its  
11 approval **within sixty (60) days** of the effective date of this Order. The outline  
12 shall include **CE course details** including, **name, provider, date(s), hours of CE** to  
13 be earned, and a **brief course summary**.

14 **4.** Respondent shall obey all federal, state and local laws/rules governing  
15 the practice of veterinary medicine in this state.

16 **5.** Respondent shall bear all costs of complying with this Order.

17 **6.** This Order is conclusive evidence of the matters described and may be  
18 considered by the Board in determining an appropriate sanction in the event a  
19 subsequent violation occurs. In the event Respondent violates any term of this  
20 Order, the Board may, after opportunity for Informal Interview or Formal  
21 Hearing, take any other appropriate disciplinary action authorized by law,  
22 including suspension or revocation of Respondent's license.

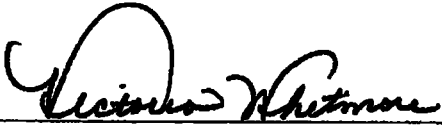
### 23 **NOTICE OF APPEAL RIGHTS**

24 Respondent is hereby notified that he has the right to request a rehearing  
25 or review of the Order by filing a motion with the Board's Executive Director

1 within 30 days after service of this Order. Service of the Order is effective five  
2 days after the date of mailing to Respondent. See A.R.S. § 41-1092.09. The  
3 motion must set forth legally sufficient reasons for granting a rehearing or  
4 review. A.A.C. R3-11-904. If a motion for rehearing or review is not filed, the  
5 Board's Order becomes final 35 days after it is mailed to Respondent.  
6 Respondent is further notified that failure to file a motion for rehearing or review  
7 has the effect of prohibiting judicial review of the Order, according to A.R.S. §  
8 41-1092.09(B) and A.R.S. § 12-904, et seq.

9 Dated this 29<sup>th</sup> day of August, 2022.

10 Arizona State Veterinary Medical Examining Board  
11 Jessica Creager, Chairperson

12  
13 By:   
14 Victoria Whitmore, Executive Director

15 Original of the foregoing filed this 29<sup>th</sup> day of August, 2022  
16 with the:

17 Arizona State Veterinary  
18 Medical Examining Board  
19 1740 W. Adams St., Ste. 4600  
20 Phoenix, Arizona 85007

21 Copy of the foregoing sent by certified, return receipt mail  
22 this 29<sup>th</sup> day of August, 2022 to:

23 Dennis White, DVM  
24 Address on file  
25 Respondent

By:   
Board Staff

DOUGLAS. A DUCEY  
GOVERNOR



VICTORIA WHITMORE  
EXECUTIVE DIRECTOR

**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1-PET (1738) • FAX (602) 364-1039

VETBOARD.AZ.GOV

IN ACCORDANCE WITH § A.R.S. 32-2237(D): "IF THE BOARD REJECTS ANY RECOMMENDATION CONTAINED IN A REPORT OF THE INVESTIGATIVE COMMITTEE, IT SHALL DOCUMENT THE REASONS FOR ITS DECISION IN WRITING."

At the July 20, 2022 meeting of the Arizona State Veterinary Medical Examining Board, the Board conducted an Informal Interview in Case 22-71, In Re: Dennis White, DVM.

The Board considered the Investigative Committee Findings of Fact, Conclusions of Law, and Recommended Disposition:

❖ ***Dismiss this issue no violation.***

Following the informal interview with Respondent, the Board had concerns with Respondent's conduct and voted to disagree with the Investigative Committee's recommendation and find Dr. White in violation of **ARS § 32-2232 (12)** as it relates to **AAC R3-11-501 (1)** failure to provide professionally acceptable procedures by not recommending follow up blood work to assess the patient's condition, failing to recommend hospitalization with supportive care, and recommending at-home care that did not provide for the patient's needs resulting in further suffering of the patient.

Respectfully submitted this 17<sup>th</sup> day of August, 2022.

Arizona State Veterinary Medical Examining Board

A handwritten signature in cursive script that reads "Jessica Creager".

Jessica Creager, Chair